

☐ **Report for Independent School System**

Name of Independent School System:

**TAX COMMISSIONER**

**COUNTY NAME:**

**For the period of JULY 1, 2021 through JUNE 30, 2022, provide a breakdown, by source, of all local revenues your office distributed to the school system for maintenance and operation. Do NOT include BOND or other revenues that local governments may have distributed to this school system.**

**FAILURE TO SUBMIT THIS FORM ACCURATELY AND TIMELY COULD ADVERSELY AFFECT YOUR SCHOOL FUNDING THROUGH THE QUALITY BASIC EDUCATION ACT.**

| PART 4 - EXEMPTIONS   |  |
|---|--|
| This information should be obtained from your 2021 County School Consolidation Sheet. (See "Notes" if applicable)               |  |
| A. *Number of regular homestead exemptions granted for school purposes (\$1 exemption count on School Consolidation Sheet).     |  |
| B. *Number of disabled veteran exemptions granted for school purposes (\$5 & SD exemption count on School Consolidation Sheet). |  |

\*"NOTES"

### Counties with One School System

**If the county only has local exemptions, use the S1 exemption found on the STATE Consolidation Sheet.**

### Counties with Independent School System(s)

The exemptions listed above, when added to the reported Independent School's S1, S5 and SD exemptions, should equal the respective exemptions on the STATE Consolidation Sheet.



I hereby certify that the information contained on this form is correct and represents the information required in O.C.G.A. Section 20-2-164.

Date \_\_\_\_\_

Phone Number

Email Address